



Missouri Pharmacy Program – Preferred Drug List



Onychomycosis Antifungal Agents

Effective 12/07/05

Revised 07/03/2008

Preferred Agents

- Gris-Peg®
- Griseofulvin Susp
- Grifulvin® V Tablets
- Griseofulvin Tablets
- Griseofulvin Powder
- **Terbinafine**
- **Ciclopirox Solution**

Non-Preferred Agents

- Sporanox® Capsules
- Sporanox® Solution
- Itraconazole
- Fulvicin® Tablets
- Penlac®
- **Grifulvin V Suspension**
- **Lamisil®**
- **CNL-8 Nail Kit**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented diagnosis of proximal or distal, white, subungual onychomycosis, identified through: <ul style="list-style-type: none"> ○ KOH microscopic exam ○ Fungal Culture, or ○ Nail Biopsy 	Lack of adequate trial on required preferred agents
> 30% nail plate involvement	<i>Therapy will be denied if no approval criteria are met</i>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents 	Sporanox Only: <i>Left ventricular dysfunction, such as congestive heart failure (CHF)</i>
Documented compliance on current therapy regimen	
See Appendix for maximum approvable durations of therapy	Drug Prior Authorization Hotline: (800) 392-8030

Appendix

<i>Product</i>	Strength/Dose	Duration of Therapy	Anatomic location of infection
Lamisil	250 mg Once Daily	6 weeks	Fingernails
Lamisil	250 mg Once Daily	12 Weeks	Toenails
Sporanox	200 mg BID	1 week (3 weeks no therapy) for 3 cycles (Pulse)	Fingernails
Sporanox	200 mg Once Daily	12 weeks (or Pulse)	Toenails